



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, EIGHTH UNITED STATES ARMY  
UNIT #15236  
APO AP 96205-0009

EAMC-FHP

27 APR 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Heat Injury Prevention

1. References:

- a. USFK Command Policy Letter #35, Heat Injury Prevention and Management Plan, 21 April 2003
- b. Army Regulation 40-5, Preventive Medicine, 15 October 1990.
- c. FM 100-14, Risk Management, 23 April 1998.
- d. US AMEDD Office of the Surgeon General Memorandum dated 8 April 2005, SUBJECT: Heat Injury Prevention Program
- e. TB MED 507 Heat Stress Control and Heat Casualty Management, Prevention, Training and Control of Heat Injury, 07 March 2003.

2. Heat injuries can be lethal and render a unit combat non-effective within a very short time. They are a serious threat to our "fight tonight" capability. In 2004, 41 8<sup>th</sup> US Army soldiers suffered heat injuries. The 18<sup>th</sup> MEDCOM Deputy Chief of Staff for Force Health Protection (DCSFHP) is mounting a Heat Injury Prevention and Management Plan (Appendix A) using command and public affairs channels to get the information out.

3. IAW USFK Command Policy Letter #35, each unit commander will implement risk management principles to minimize the impact of heat on their operation. Each unit will fully utilize the field sanitation teams and monitor wet bulb globe temperature index where their unit is located.

4. The 18<sup>th</sup> MEDCOM POC is the Deputy Chief of Staff for Force Health Protection at 736-3025.

  
BRIAN D. ALLGOOD  
Colonel, MC  
Surgeon

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**Appendix A: 18<sup>th</sup> MEDCOM Heat Injury Prevention and Management Plan with Enclosures**  
EAMC-FHP, 18<sup>TH</sup> MEDCOM, 736-3036  
April 27, 2005

**18<sup>th</sup> MEDCOM Heat Injury  
Prevention and Management Plan**

**PURPOSE:** Provide information to the units assigned to the 18<sup>th</sup> Medical Command for prevention, management, and treatment of heat injuries.

**DISCUSSION:** Heat injury and illness—preventable conditions—continue to threaten the health and the lives of our soldiers. As the operational tempo and training requirements increase, proper instruction in heat injury prevention can be life saving. Effective heat injury prevention can also make the difference between mission success and failure.

**Responsibilities:** Soldiers, commanders, and leaders at all levels are responsible for preventing individual heat injuries. Unit NCO's are responsible for the health and safety of their troops. **Heat injury prevention is a command responsibility. Therefore,**

a. Unit commanders will perform the following actions: Provide hot weather training classes to all their soldiers.

- (1) A prepared heat injury prevention video, "Heat Injury Risk Management", can be viewed at <http://chppm-www.apgea.army.mil/heat/>.
- (2) Unit Field Sanitation Teams and/or medics should be utilized to present the training.
- (3) Additional references are available at <http://chppm-www.apgea.army.mil/heat/>.
- (4) For additional guidance, contact your supporting Medicine Detachment (PM) for support with programs of instruction.
- (5) Utilize their Unit Field Sanitation Teams to monitor heat category and appropriate work-rest cycles during training activities.
- (6) Distribute Heat Injury Prevention cards to their soldiers (cards will be provided by 18<sup>th</sup> MEDCOM DCSFHP to 8<sup>th</sup> Army for distribution to unit commanders)

b. Health care providers are responsible for the following:

- (1) Recognizing and treating heat injuries.
- (2) Reporting all heat injuries to the 18<sup>th</sup> MEDCOM Deputy Chief of Staff for Force Health Protection. Reporting may be done telephonically (736-3025) or by faxing a report form to DSN 736-3028. A report form is included in the appendix.
- (3) Disposition of patients. All patients sustaining heat injuries will be issued a profile IAW paragraph 3-45, AR 40-501, Standards of Medical Fitness, 29 Aug 2003.

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c. The Wet Bulb Globe Thermometer (WBGT) index will be monitored in all areas where substantial numbers of American forces are stationed when temperatures are above 80 degrees Fahrenheit. The index will be provided, upon telephonic request, to all troop unit/garrison operations offices and other facilities.

(1) Preventive Medicine Detachments will provide WBGT monitoring for areas where they are assigned.

(2) Local medical health care facilities will perform the measurements in areas where there are no assigned Preventive Medicine assets.

(3) Technical assistance with WBGT monitoring is available through all PM Detachments and the Deputy Chief of Staff for Force Health Protection.

d. The 18<sup>th</sup> MEDCOM Safety Office, in coordination with supporting Medical Detachments (PM), is responsible for investigations IAW AR 385-40.

e. The 18<sup>th</sup> MEDCOM Public Affairs Officer will coordinate with the media and for the following:

(1) AFKN – television commercial to address preventive measures in Korea.

(2) AFKN – radio talk show program to address preventive measures of heat injuries in Korea.

(3) Local Area Newspapers (Morning Calm Weekly) - article describing the impact of heat injuries and preventive measures.

f. Community Health Nurses will coordinate the display of information papers at the following sites:

(1) Commissary

(2) PX

(3) Post Theater

(4) Gyms

g. Deputy Chief of Staff for Force Health Protection POC is LTC Lee at 736-3036.



BRIAN ALLGOOD  
COL, MC  
Commanding

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